



IDENTITY THEFT COMPLAINT

Office of the Indiana Attorney General
OAG Form 1087 (R3 / 06-16)

INSTRUCTIONS: 1. To prevent delay, please be sure to complete **both sides** of this form in full. Please print clearly or type.

Section 1: Your Information

Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr. <input type="checkbox"/> Miss <input type="checkbox"/> Rev.		Email Address	
Full Name/Organization/Agency		Driver's License Number	Expiration Date
Address		Date of Birth (mm/dd/yyyy)	Social Security Number (SSN)
City	State	You may refuse to provide your SSN and will not be penalized. However, disclosing your SSN will assist our Office in investigating your complaint and working with law enforcement. If you do provide your SSN, by signing this form you expressly consent to the disclosure of your SSN for investigative purposes in accordance with Indiana Code § 4-1-10-5(2).	
County	Zip Code		
Daytime Phone	Evening Phone		

Section 2 Financial Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	2-A. Have you contacted your financial institution(s) to report the alleged ID theft?
	2-B. If yes, which financial institutions have you contacted? _____ _____ _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	2-C. Has your financial institution refunded your money for the fraudulent purchases?

Section 3 Law Enforcement Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	3-A. Have you filed a police report?		
	3-B. If yes, please complete information below.		
	Date Filed	Police Department	Report Number

Section 4: Crime Details

	4-A. What date did you become aware of the crime?	
4-B: How did you become aware of the identity crime? Please answer questions below.		
<input type="checkbox"/>	Found fraudulent transaction(s) on my credit card(s). Which one(s)?	
<input type="checkbox"/>	Contacted by creditor, or received bills for account I did not open: Which one(s)?	
<input type="checkbox"/>	Denied credit or a loan. Where?	
<input type="checkbox"/>	Was arrested, had a warrant or complaint filed in my name that I was not aware of. Where?	
<input type="checkbox"/>	IRS notice or message that someone else used my SSN.	

Section 4: Crime Details - *continued*

<input type="checkbox"/>	Contacted by creditor demanding payment on debt that is not mine. Which one(s)?	
<input type="checkbox"/>	Was denied employment. Where?	
<input type="checkbox"/>	Irregularities on my credit report	
<input type="checkbox"/>	Other	

Section 5 ID Theft Complaint Summary – (*be specific*)

Section 6 Credit Report Information

<input type="checkbox"/> Yes <input type="checkbox"/> No	6-A. Have you requested a credit report from any of the three credit reporting agencies?
	6-B. If yes, please check which ones <input type="checkbox"/> Equifax <input type="checkbox"/> Experian <input type="checkbox"/> TransUnion Please attach complete copies of the reports to this form. A credit report will assist you in determining how many fraudulent accounts may have been opened using your information. It will also improve our ability to investigate your case. You can order your free credit report by calling 1-877-322-8228 or going to www.annualcreditreport.com

Section 7 WHAT HAPPENS NEXT? WHAT ELSE SHOULD I DO?

This office will investigate your complaint, assist you in addressing problems caused by the identity theft, and work with law enforcement to hold the thief accountable, but the office represents the State of Indiana and is strictly limited in what remedies it can pursue. You may be entitled to compensation or other rights that we cannot pursue for you. In addition to filing this complaint, you should contact a private attorney or a small claims court.

Section 8 Mail Completed Forms to:

Office of Attorney General Greg Zoeller
Consumer Protection Division
Government Center South, 5th Floor
302 W. Washington Street
Indianapolis, IN 46204
317-232-6330 (phone) • 317-233-4393 (fax)
www.IndianaConsumer.com/idtheft

Section 9 Consent and Verification

Do you consent to disclosing the following information to the public? →

<input type="checkbox"/> Yes	<input type="checkbox"/> No	The fact that you filed this complaint
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your name
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Your phone number

I affirm, under the penalties for perjury, that the foregoing representations, and those in all attachments that were prepared by me, are true. The information I have provided in this complaint form is based upon my personal knowledge. I consent to the release of any relevant information to the Identity Theft Unit. If I do provide my Social Security Number, I expressly consent to the disclosure of my Social Security Number in accordance with Indiana Code § 4-1-10-5(2). By filing this complaint, I understand that the Attorney General is not my private attorney, but enforces state consumer protection laws. I also agree to assist in the investigation and understand that I may be called to testify in court to the facts stated in this complaint.

 Your signature

 Date